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TRAMWAY ACCIDENT REPORT

A detailed report of all accidents involving **PERSONAL INJURY** or **MECHANICAL / ELECTRICAL FAILURE** on the tramway shall be sent to the Board within 4 days from the date of the incident.

Any incident involving a Serious Injury or Fatality must be reported to the Board and the State Police immediately.

NAME OF SKI AREA:	DATE OF ACCIDENT:
	TIME OF ACCIDENT:
ADDRESS:	DATE OF REPORT:
NAME & TITLE OF PERSON FILLING OUT THIS REPORT:	

TYPE OF ACCIDENT (CHECK ONE OR MORE)			
PERSONAL INJURY :		PUBLIC ()	
		SKI AREA EMPLOYEE ()	
TRAMWAY MECHANICAL FAILURE ()		TRAMWAY ELECTRICAL FAILURE ()	
USE WHEN ACCIDENT OCCURRED:	SKIING ()	FOOT PASSENGER ()	MAINTENANCE ()
MASS LIFT REGISTRATION NO.		MANUFACTURER:	
DATE INSTALLED:		LIFT OPERATING: YES () NO ()	

NAME OF INJURED:	INJURY TYPE: (bruise, fracture, sprain, concussion, etc.)
ADDRESS OF INJURED:	
AGE OF INJURED:	
PHONE NUMBER OF INJURED: ()	

NAME OF EMPLOYEES ON DUTY AT TIME OF ACCIDENT	
LIFT OPERATOR:	TOP ATTENDANT:
BASE ATTENDANT:	MID-STATION ATTENDANT:
WITNESSES	
NAME:	ADDRESS:
NAME	ADDRESS
NAME:	ADDRESS:

WEATHER CONDITIONS		VISIBILITY	SNOW CONDITIONS	WIND
CLEAR ()	SLEET ()	GOOD () DARK ()	GOOD ()	STRONG () LIGHT ()
FOG ()	SNOW ()	FAIR () LIGHT ()	FAIR ()	MODERATE ()
RAIN ()	TEMP °F	POOR ()	POOR ()	NONE ()

TYPE OF TRAMWAY			
CHAIRLIFT DOUBLE ()	DETACHABLE QUAD ()	PLATTERPULL ()	FIBER ROPE TOW ()
CHAIRLIFT TRIPLE ()	T-BAR ()	DETACHABLE-SIX ()	TUBING TOW ()
CHAIRLIFT QUAD ()	J-BAR ()	WIRE ROPE TOW ()	CAROUSEL ()

<p>DESCRIBE THE ACCIDENT: STRUCK BY OR AGAINST; FALL; CAUGHT IN, ON OR BETWEEN:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>LOCATION: SPECIFIC TRAMWAY OR TOW DEVICE; LOADING OR UNLOADING; LOCATION ON LIFT LINE:</p> <p>_____</p> <p>_____</p>

<p align="center">EQUIPMENT FAILURE - (MECHANICAL / ELECTRICAL)</p>
<p>DESCRIBE EVENTS THAT PRECEDED FAILURE:</p> <p>_____</p> <p>_____</p>
<p>WHAT FAILED OR WAS DAMAGED:</p> <p>_____</p> <p>_____</p>
<p>WHAT NEEDS TO BE REPLACED OR REPAIRED:</p> <p>_____</p> <p>_____</p>
<p>DESCRIBE ANY TEMPORARY REPAIRS:</p> <p>_____</p> <p>_____</p>

SIGNATURE OF AREA OWNER / OPERATOR _____ **DATE:** _____